

2005

On Wisconsin's Health

*Bureau of Health Information and Policy
Division of Public Health
Wisconsin Department of Health and Family Services*

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Foreword

This report on the health and well-being of people in Wisconsin provides trend data on selected measures of health and socioeconomic status. The report's purpose is to improve program monitoring and management through use of performance outcome data.

It was prepared in the Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy (BHIP). Stephanie Ward was assisted in the production of this report with the input and cooperation of the Office of Strategic Finance. Patricia Nametz edited the report. It was prepared under the supervision of Christine-Hill Sampson, Chief, Population Health Information Section, and Patricia Guhleman, Chief, Policy Section, Bureau of Health Information and Policy.

Each of the sections in the report measures Wisconsin's performance over time, generally reflecting the period covering 1994 to the most recent available data. Where available, comparable national data are also provided.

This report is available on the Department of Health and Family Services Web site at the following address: <http://dhfs.wisconsin.gov/aboutdhfs/>

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Introduction

This report, formerly titled *A Report on the Health and Well-Being of Wisconsin's Citizens*, is the latest in an annual series of reports that provide trend information from various data sources. For most measures, trend information in this report is for the period 1994-2004.

The purpose of this report is to help the Department of Health and Family Services track Wisconsin's progress in several different measures of health as compared to the nation as a whole. The report also provides an annual foundation to facilitate long-range strategic planning.

This year's report is organized based on the health priorities established in the state health plan, Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public (<http://dhfs.wisconsin.gov/statehealthplan/index.htm>). Trend information in this report includes:

- Percent below poverty level
- Unemployment rates
- High school graduation rates
- Percent of population without health insurance all year
- Births to women who received first-trimester prenatal care
- Percent of low-birthweight babies
- Infant mortality
- Adult obesity
- Alcohol use in the past month
- Smoking
- Newly reported and cumulative cases of HIV
- Teen birth rates
- Child abuse and neglect

Sources of data for this report include U.S. Census data, Wisconsin Department of Revenue employment data, the Wisconsin Family Health Survey, the Wisconsin Medicaid Management Information System, resident birth data, the Behavioral Risk Factor Surveillance System, Wisconsin FoodShare caseload data, the National Survey on Drug Use and Health, the Youth Risk Behavior Surveillance System, the Wisconsin AIDS/HIV Surveillance Summary, Wisconsin child abuse and neglect reports and other data sources.

See the Appendix for links to additional information from the data sources used in this report.

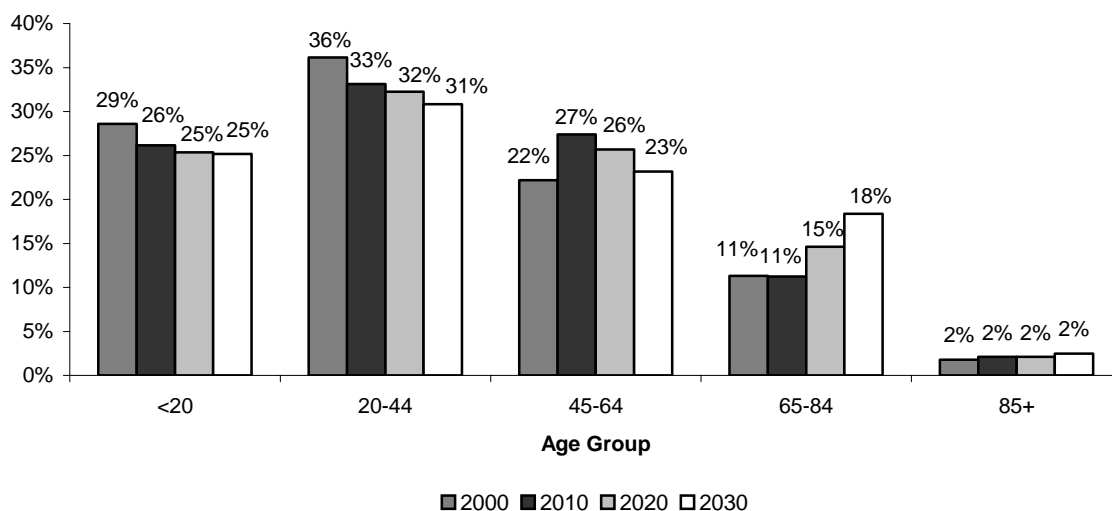
Selected Findings

- From 2000 to 2030, Wisconsin is projected to experience an increase in its elderly population, while its youth and young adult populations are expected to decrease.
- The racial /ethnic make-up of Wisconsin's population is becoming more diverse, particularly with the growth in the number of Hispanics/Latinos.
- Wisconsin has a lower incidence of poverty than the U.S. as a whole; however, the annual increase in poverty in Wisconsin has been steeper than the increase at the national level. The poverty rate in Milwaukee County is higher than both the statewide and national rate.
- Unemployment, which had been increasing in recent years, declined in both Wisconsin and the nation in 2004. Projections suggest that employment will grow in Wisconsin but that the rate of employment growth will remain below national levels in the near future.
- Wisconsin is similar to the nation as a whole in a number of health-related behaviors and conditions (high blood pressure, adult obesity, and adult smoking), but in other areas such as the use of alcohol, Wisconsin has a higher incidence than the nation.
- The number of people living with HIV infection in Wisconsin has been increasing each year.
- Wisconsin residents are more likely to have health insurance than residents of other states. The percent uninsured in Wisconsin increased in 2004, the first increase since 1997. In contrast, participation in Medicaid, BadgerCare, SeniorCare and FoodShare has been growing. A greater share of the population in Milwaukee County than in the state as a whole receives services from Medicaid, BadgerCare, SeniorCare and FoodShare.
- Wisconsin's infant mortality rate and the low-birthweight percentage are lower than in the nation as a whole. However, there are areas of the state and population groups for which these patterns do not apply. Milwaukee County has higher rates of infant mortality and low-birthweight infants than the nation overall. The infant mortality rate for African Americans in Wisconsin for 2004 (19.2) was more than three times the rate for the state as a whole (6.0).
- The percentage of Wisconsin births in which the mother received first-trimester prenatal care is similar to that of the nation as a whole. The teen birth rate in Wisconsin is lower than the national rate; however, the percent of Wisconsin births in which the mother smoked is higher than in the nation as a whole.
- The rate of smoking among high school students in Wisconsin has decreased significantly in the past 10 years but remains slightly above the national rate. In comparison to youth in the U.S. as a whole, youth in Wisconsin are less likely to experience child abuse or neglect, and they are more likely to graduate from high school.

Demographic Characteristics

This section provides an overview of Wisconsin population projections by age, as well as the relative size of racial/ethnic populations in Wisconsin.

Figure 1. Projected Population Distribution by Age, Wisconsin 2000-2030



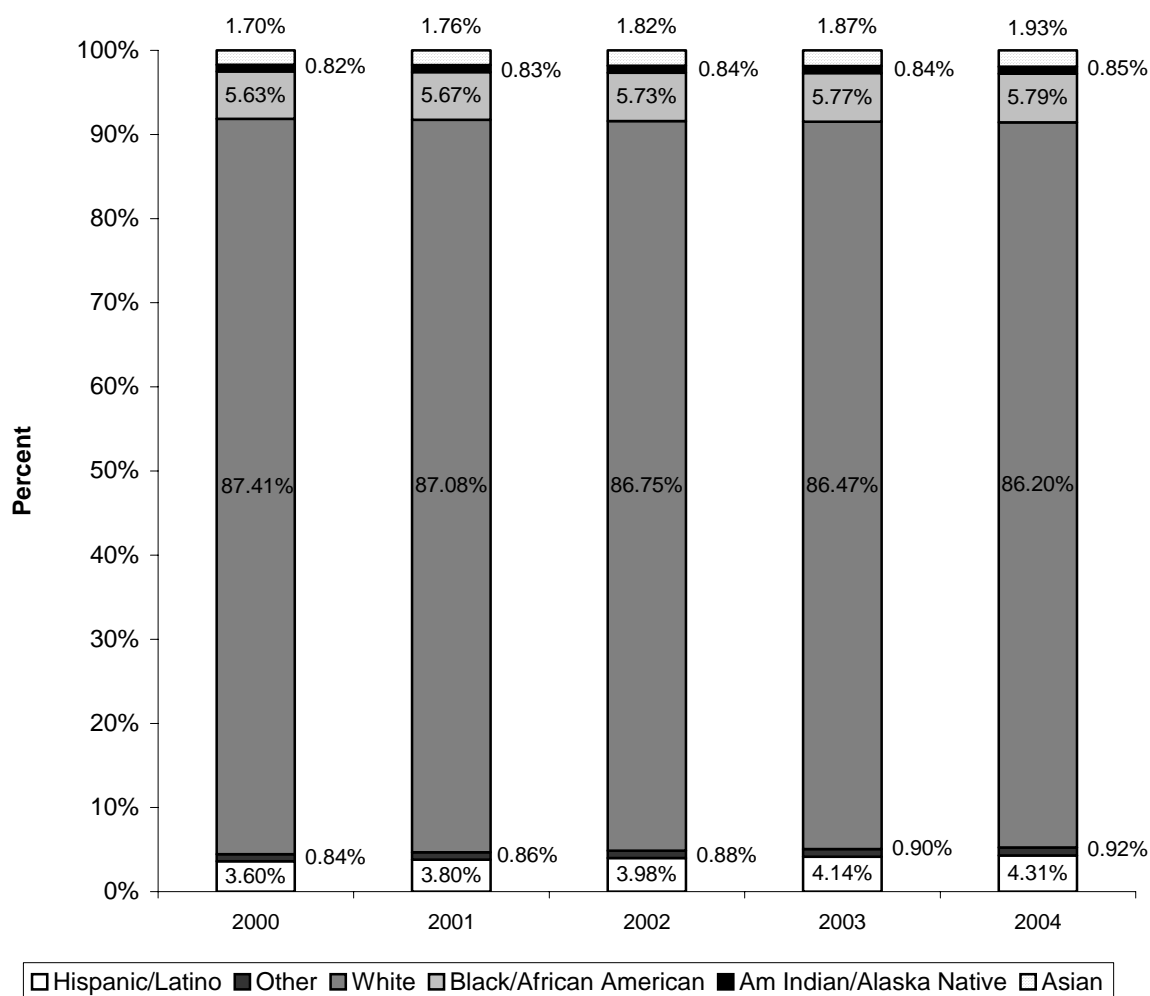
Source: Final Population Projections for Wisconsin by Age and Sex: 2000-2030, Wisconsin Department of Administration, Demographic Services Center. March 2004.

In 2000, 29 percent of people in Wisconsin were children and youth under age 20; twice this proportion (58%) were working-age adults aged 20 to 64; and the remaining 13 percent were aged 65 and older.

Over the next 30 years, the young population under age 20 will decrease as a proportion of the total, as will the young adult population aged 20 to 44. The middle-age adult population (aged 45-64) is increasing and will continue to increase rapidly (relative to other age groups) until 2010, but will decrease during the following decades. This decrease will be more than offset by an expected surge in the elderly population during the 2010s and 2020s.

Among the elderly population, the proportion of those aged 65-84 will remain the same during this decade before increasing dramatically over the following 20 years. The proportion aged 85 and older is projected to remain stable at 2 percent.

Figure 2. Wisconsin Population Distribution by Race/Ethnicity, 2000-2004



Source: State Population Estimates with Sex, 6 Race Groups (5 Race Alone Groups and One Group with Two or More Race Groups) and Hispanic Origin: April 1, 2000 to July 1, 2004, Population Estimates Program, U.S. Bureau of the Census, August 11, 2005.

Note: The race/ethnicity groups in this report are mutually exclusive.

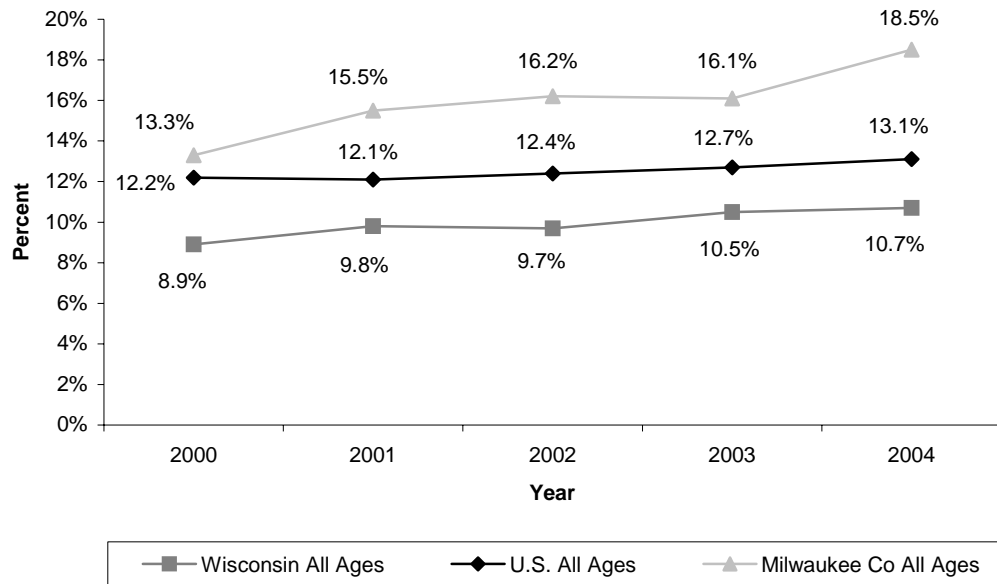
In comparison to the U.S., Wisconsin has relatively small racial/ethnic minority populations. In 2004, white (non-Hispanic) people made up an estimated 86.20 percent. However, Wisconsin has seen increases in its racial/ethnic minority populations since 2000, especially among Hispanics/Latinos. The Hispanic/Latino proportion of the population increased from 3.60 percent in 2000 to 4.31 percent in 2004.

The white (non-Hispanic) proportion in the U.S. as a whole was estimated to be 67.4 percent in 2004.

Social and Economic Factors that Influence Health

Financial struggles, acute and chronic stress, overburdened or disrupted social supports, and toxic environmental exposures—all affect low-income people more intensely. These conditions are directly associated with higher rates of illness and premature death throughout the life span.

Figure 3. Percent in Poverty (in the Past 12 Months by Year), Wisconsin, U.S. and Milwaukee County, 2000-2004



Source: American Community Survey and Supplementary Survey, 2000-2004, U.S. Census Bureau

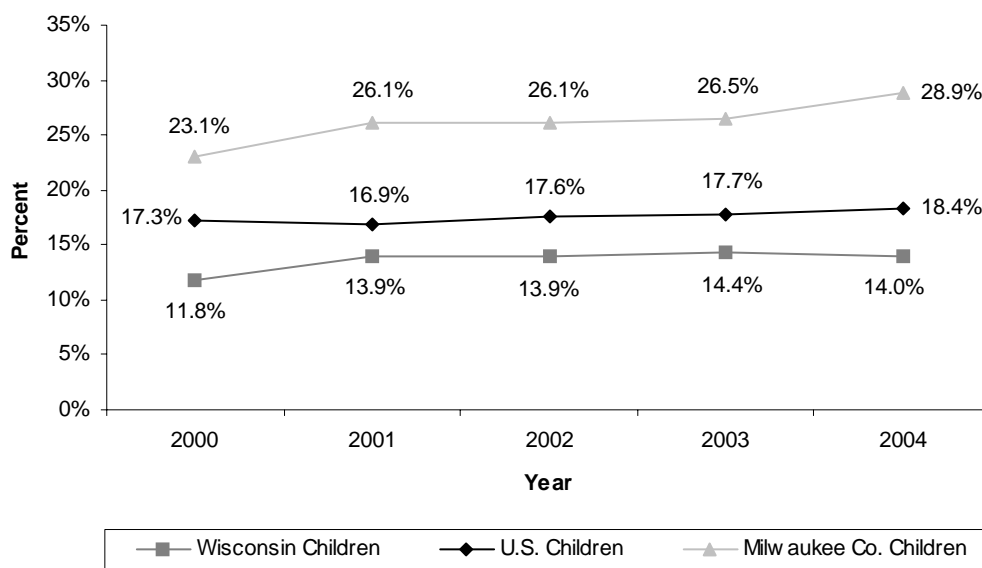
Note: Data are limited to the household population and exclude the population living in institutions, college dormitories and other group quarters.

Poverty status is a way of determining which people do not have enough income to meet basic needs such as food, housing, clothing and transportation.

The Federal Poverty Line (FPL) is based on the number of people in a family and their annual money income. In 2004, the Federal Poverty Line for a family of four was \$18,850. If you lived in a family of four and total family income for the year was less than \$18,850, you were considered poor.

From 2000 to 2004, the U.S. national poverty rate increased from 12.2 percent to 13.1 percent. In Wisconsin, the poverty rate grew from 8.9 percent in 2000 to 10.7 percent in 2004. While Wisconsin's poverty rate remained below the national rate during this period, Wisconsin's increase, 1.8 percentage points, was steeper than the increase at the national level. Poverty in Milwaukee County was above the national average from 2000 to 2004 and rose from 13.3 percent in 2000 to 18.5 percent in 2004, an increase of 5.2 percentage points.

Figure 4. Percent of Children in Poverty (in the Past 12 Months by Year), Wisconsin, U.S. and Milwaukee County, 2000-2004



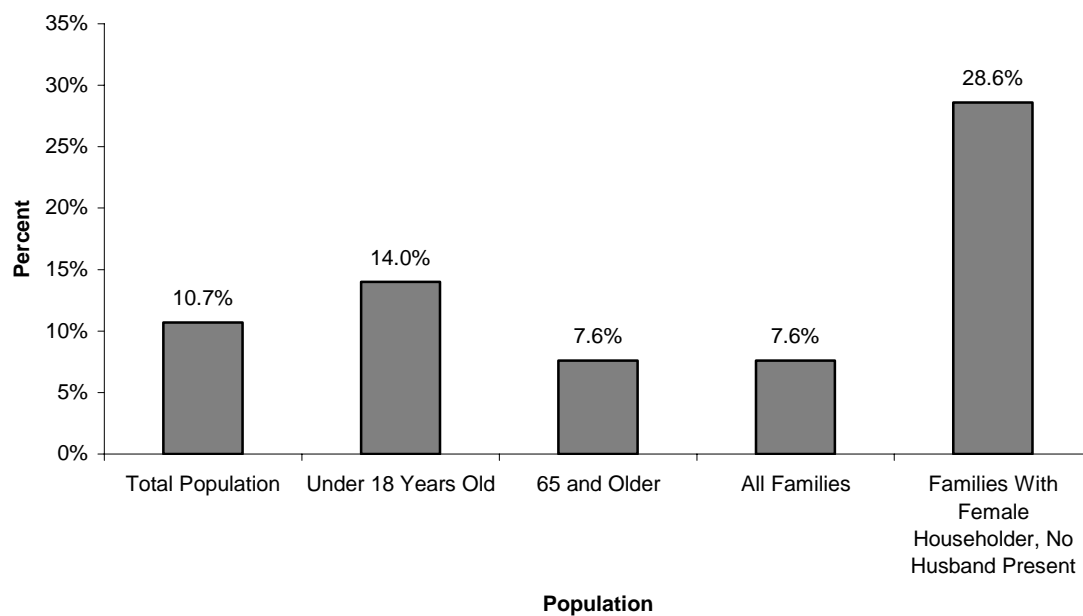
Source: American Community Survey and Supplementary Survey, 2000-2004, U.S. Census Bureau

Note: Data are limited to the household population and exclude the population living in institutions, college dormitories and other group quarters.

The national poverty rate for children increased 1.1 percentage points, from 17.3 percent in 2000 to 18.4 percent in 2004. The poverty rate among Wisconsin children, while lower than the national rate, increased twice as much during this period (2.2 percentage points), from 11.8 percent to 14.0 percent.

The poverty rate among Milwaukee County children was higher than both the national and the Wisconsin rate, and increased more steeply than either. It increased from 23.1 percent in 2000 to 28.9 percent in 2004, an increase of 5.8 percentage points.

Figure 5. Percent in Poverty for Selected Wisconsin Populations, 2004

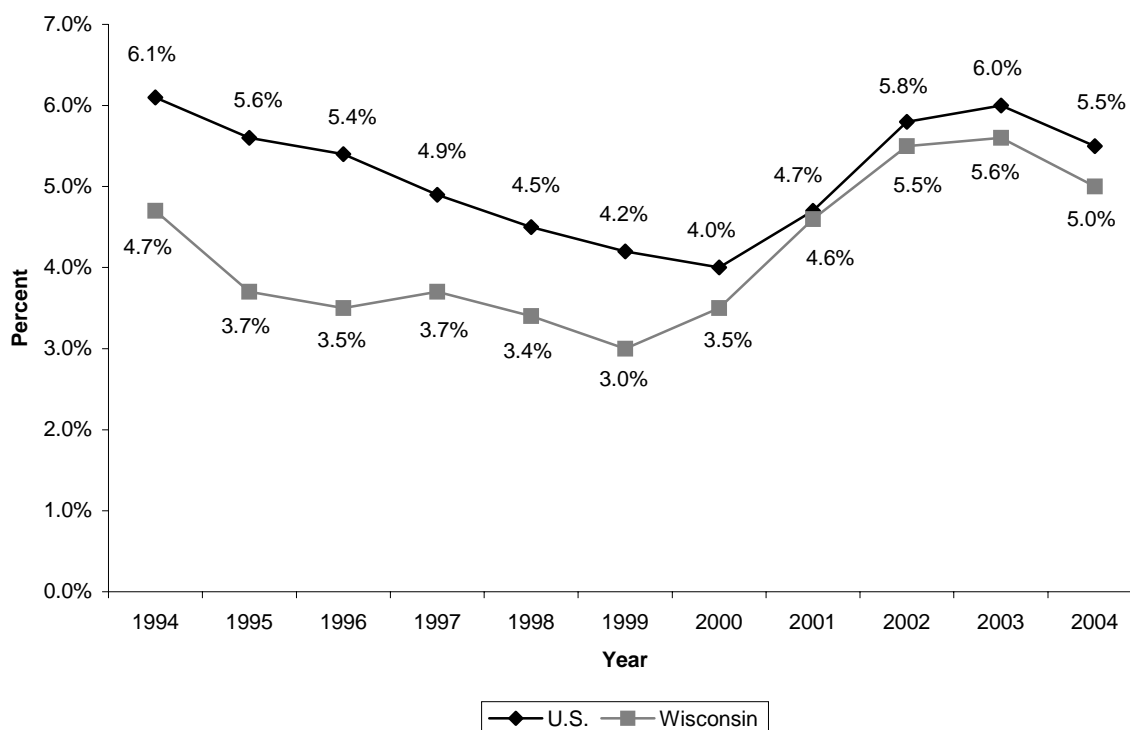


Source: American Community Survey and Supplementary Survey, 2004, U.S. Census Bureau

Note: Data are limited to the household population and exclude the population living in institutions, college dormitories and other group quarters.

In 2004, 28.6 percent of families with a female householder (no husband present) had incomes below poverty level. Children (under 18 years of age) were the age group with the highest poverty rate.

Figure 6. Unemployment Rate, Wisconsin and U.S., 1994-2004



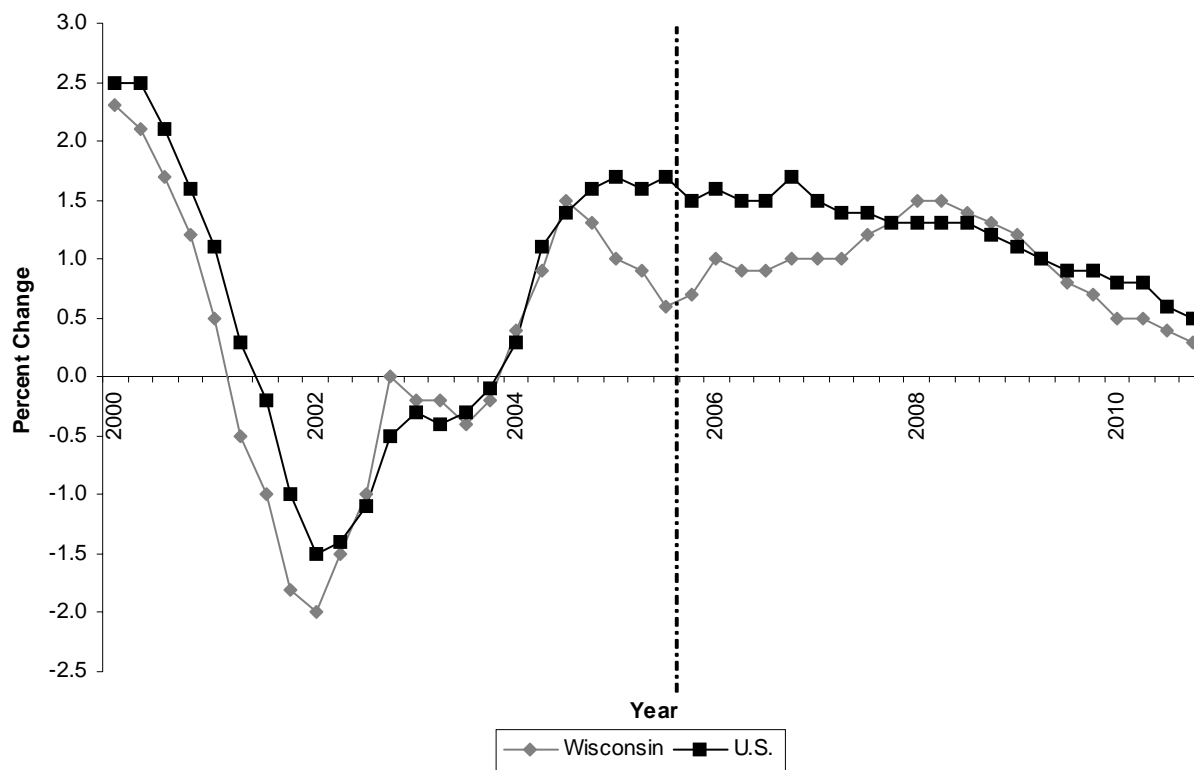
Source: Current Population Survey, 1994-2004, U.S. Census Bureau and Geographic Profile of Employment and Unemployment, Wisconsin, 1994-2004, U.S. Bureau of Labor Statistics.

Note: Data are limited to the household population and excluded the population living in institutions, college dormitories and other group quarters.

The unemployment rate dropped during the 1990s for both Wisconsin and the U.S. as a whole. The Wisconsin unemployment rate during the decade averaged about 1.5 percentage points lower than the national rate. Beginning in 2000, the differential between the Wisconsin and U.S. rates narrowed.

The Wisconsin 1999 unemployment rate of 3.0 percent was the lowest since 1957. Unemployment rose in Wisconsin after 1999, peaking at 5.6 percent in 2003. Unemployment decreased in Wisconsin and nationally in 2004.

Figure 7. Employment Change From the Same Quarter One Year Before, Wisconsin and U.S.



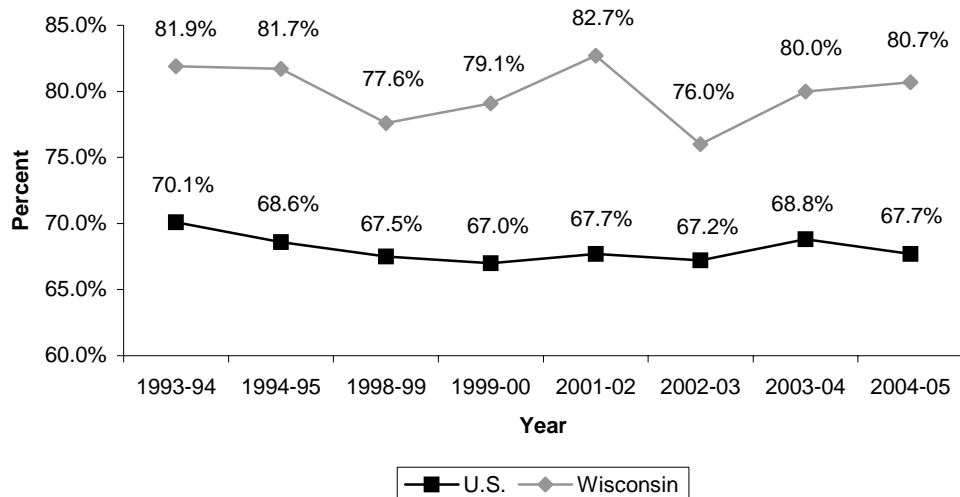
Source: Wisconsin Department of Revenue, Division of Research and Policy.

Note: Data include quarterly data from non-farm employment.

The data represent the percent change in the number employed compared to the same quarter one year earlier. Data from January 2000 through October 2005 are shown, with trends projected through 2010.

Wisconsin employment growth began to lag behind U.S. growth in mid-2004, and is projected to continue below national levels until 2008.

Figure 8. High School Graduation Rate, Wisconsin and U.S.



Source: Morgan Quitno Press, State Rankings publications for 1994-2005, using data from National Education Association, Washington, D.C. "Rankings & Estimates" (Copyright © 2005, NEA, used with permission) and U.S. Department of Education, National Center for Education Statistics, "Common Core of Data (CCD) Database" (<http://nces.ed.gov/ccd/>).

Note: The graduation rates reported here are based on a calculation of the ratio of the estimated number of high school graduates to the number of students enrolled in ninth grade three years earlier. The Wisconsin Department of Public Instruction uses a different method for computing graduation rates that does not allow a comparison to the United States; consequently, DPI data were not used in this report.

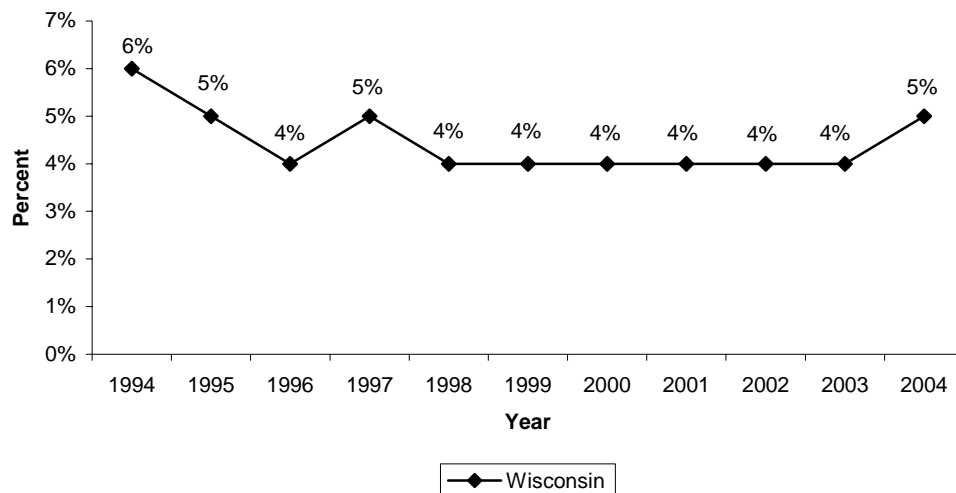
Education and health interact with each other almost inseparably. Lower educational levels can be linked to poorer health; poorer health makes it less likely that someone can achieve maximum educational success. Health has a great impact on the ability of children to succeed in school and on adults to succeed in the workplace.

Wisconsin's public high school graduation rate has consistently been higher than the rate for the nation. For the school year 2004-2005, Wisconsin's rate was 80.7 percent compared to 67.7 percent for the U.S. Wisconsin's rate was eighth highest among all states.

Access to Primary and Preventive Health Services

Accessible health services includes an infrastructure supporting a range of health services with the capacity to reach diverse people and adapt to the specific access issues that differ in communities. When people are not able to receive primary and preventive health services it contributes to an overall poorer health status. Lack of access contributes to higher mortality rates, higher rates of more advanced and difficult to treat conditions such as heart disease, cancer and diabetes, and higher rates of preventable disease such as dental disease.

Figure 9. Percent Uninsured All Year, Wisconsin, 1994-2004



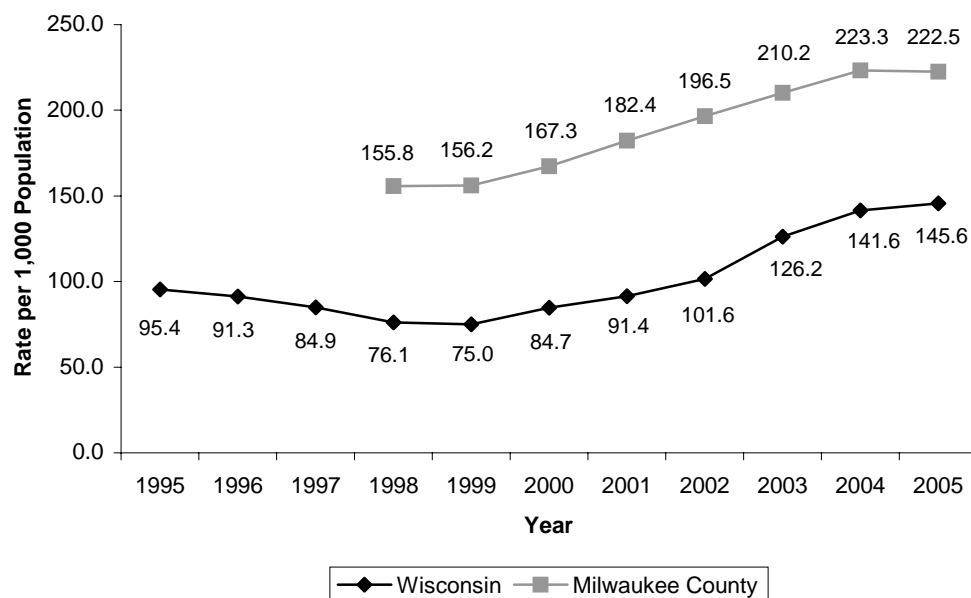
Source: 2004 Family Health Survey, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services.

Note: Data are limited to the household population and exclude the population living in institutions, college dormitories and other group quarters.

Having health insurance is a strong predictor of access to health care. Studies indicate that those who are uninsured are more likely to be in fair or poor health due to lack of access to primary and preventive health care.

In 2004, 5 percent of the Wisconsin population was without health insurance the entire year. This percentage was an increase from the previous six years. The percent uninsured in Wisconsin remains one of the lowest of any state.

Figure 10. Medicaid, SeniorCare and BadgerCare Enrollment per 1,000 Population, Wisconsin, 1995-2005



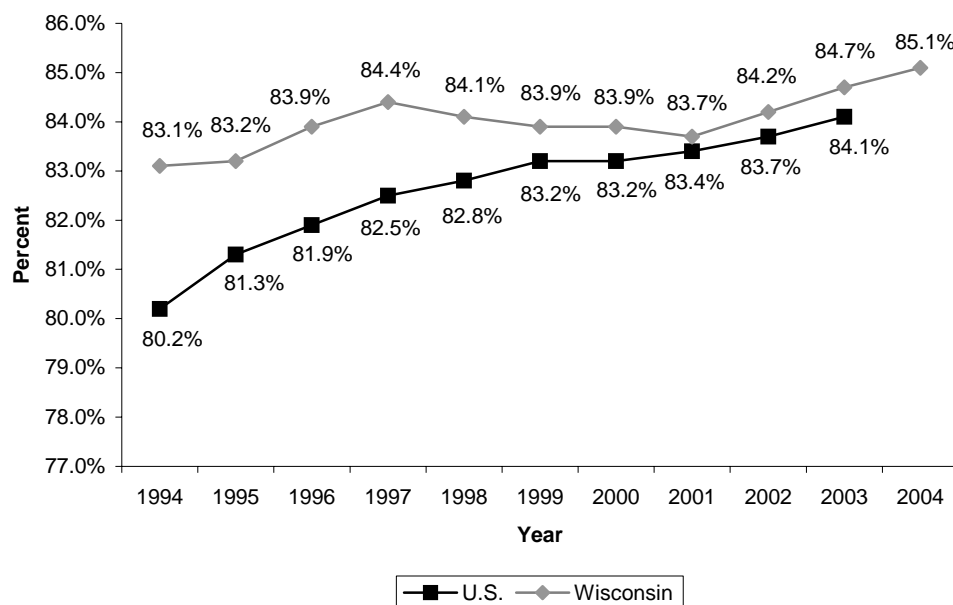
Source: Population Estimates, 1995-2005, Demographic Services Center, Wisconsin Department of Administration; Wisconsin Monthly Medicaid Enrollment, Eligible Individuals, January 1995-2005, from the Medicaid Management Information System, Wisconsin Department of Health and Family Services; Wisconsin Medicaid Recipients by County/Tribe for Each Month and Year, Milwaukee County, January 1995-2005, Wisconsin Department of Health and Family Services

Note: No data are available for Milwaukee County prior to 1998.

This graph includes enrollment in Medicaid, BadgerCare, which began in the spring of 1999 and SeniorCare, which began in the fall of 2002. Statewide, growth in Medicaid/BadgerCare/SeniorCare enrollment from 2004 to 2005 was modest in comparison to relatively steady increases since 2000.

A larger segment of the population in Milwaukee County than the state as a whole is enrolled in Medicaid/BadgerCare/SeniorCare. In comparison to the steady increases seen previously, there was little change in the proportion of Milwaukee County's population enrolled in the three programs between 2004 and 2005.

Figure 11. Percent of Births to Women Who Received First-Trimester Prenatal Care, 1994-2004

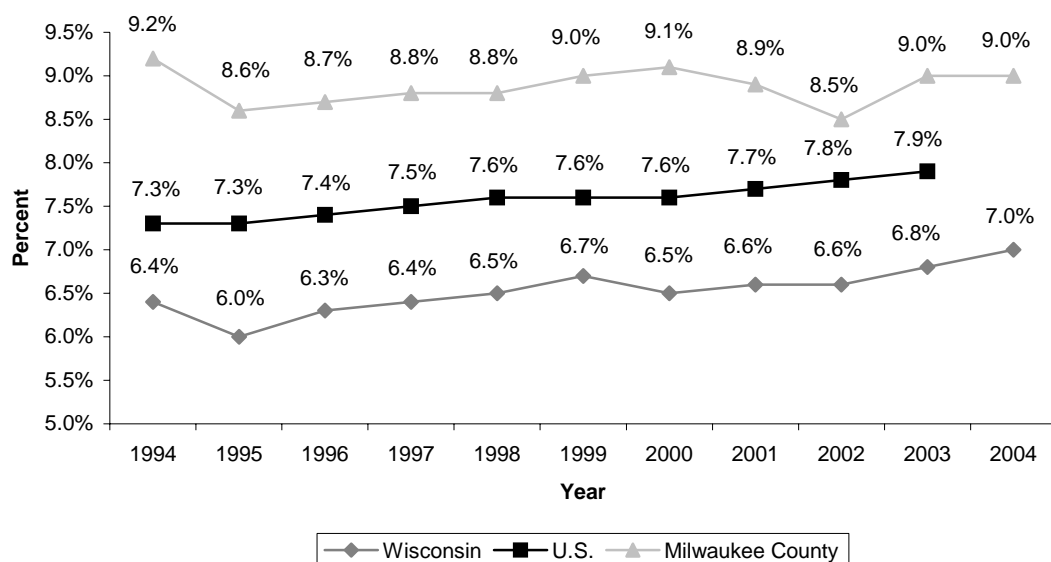


Source: Resident birth certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services, *Health, United States, 2004*, Table 6, National Center for Health Statistics.

Note: U.S. data for 2004 are not available. Scale of graph begins at 77.0%.

The percentage of Wisconsin births in which the mother received first-trimester prenatal care is similar to that of the nation as a whole. U.S. and Wisconsin rates converged during the first half of the 1990s and have changed little in the last five to six years. In Wisconsin the percent of births with first-trimester care was 83.1 percent in 1994 and 85.1 percent in 2004. The U.S. rate improved from 80.2 percent in 1994 to 84.1 percent in 2003.

Figure 12. Percent of Births at Low Birthweight, Wisconsin, U.S. and Milwaukee County, 1994-2004



Source: Resident birth certificates, Bureau of Health Information and Policy, Division of Public Health, Wisconsin Department of Health and Family Services; (data drawn from Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhfs.wisconsin.gov/wish/>, Low Birthweight Module, accessed 3/29/06); *National Vital Statistics Reports*, “Births; Final Data” for the years 1994-2003, National Center for Health Statistics.

Note: U.S. data for 2004 are not available.

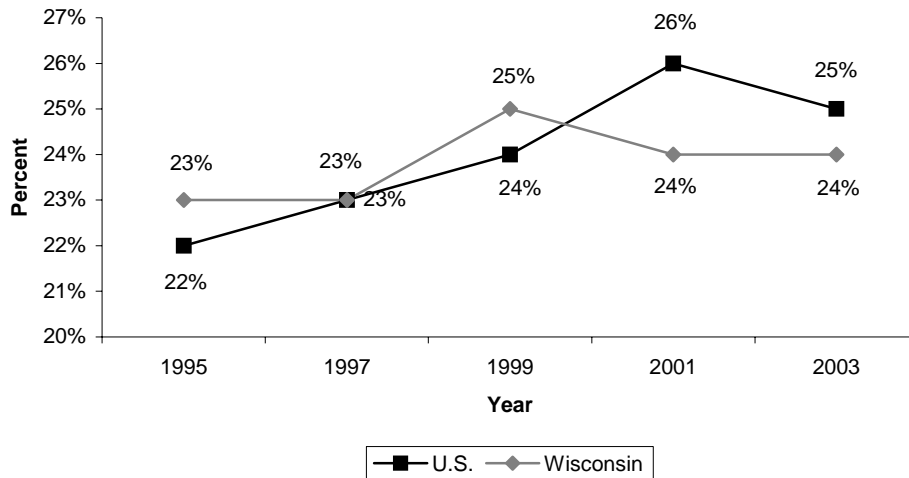
The percentage of low-weight (less than 2,500 grams) births in Wisconsin increased from 6.4 percent of births in 1994 to 7.0 percent in 2004. Wisconsin has had a lower rate of low birthweight than the U.S. overall. The national rate of low birthweight increased from 7.3 percent in 1994 to 7.9 percent in 2003.

The low birthweight percentage in Milwaukee County has been consistently higher than the rate for Wisconsin as a whole. Nine percent of infants born to Milwaukee County residents in 2004 had a low birthweight.

Chronic Conditions

The onset of many chronic conditions results from accumulated exposure to several risk factors over an extended period of time. For example, overweight, obesity and lack of physical activity are associated with heart disease, stroke, diabetes, colorectal cancer and asthma.

Figure 13. Percent of Adults Who Have Ever Been Told They Have High Blood Pressure, 1995-2003



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Data.

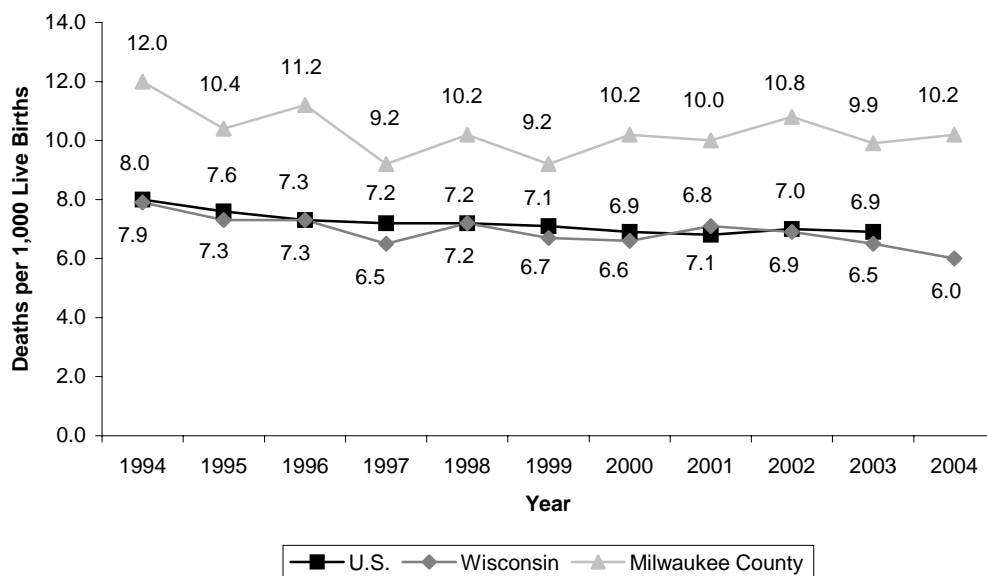
Note: Not all states report every year.

A similar percentage of adults in Wisconsin (24%) and the U.S. (25%) report that they have been told by a health care professional that they have high blood pressure. Percentages represent slight increases since 1995.

Infant Mortality

The infant mortality rate (the number of deaths before 365 days of age per 1,000 live births in a population group) reflects a tragic loss of life to individuals, families, and the community. The magnitude of infant mortality also reflects broader social and economic conditions that affect maternal and infant health, including factors such as access to high-quality health care, education, poverty, and racism.

Figure 14. Infant Mortality Rate, Wisconsin, U.S. and Milwaukee County, 1994-2004

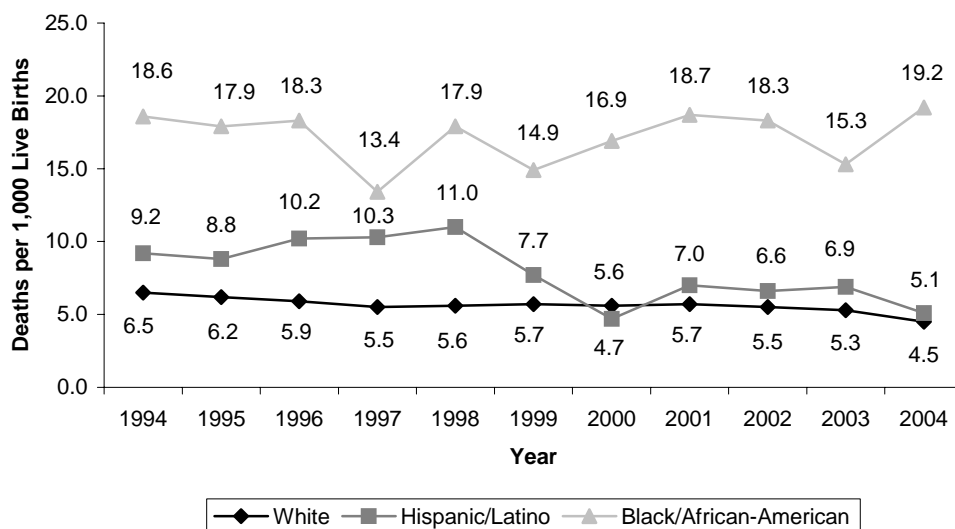


Source: Wisconsin Interactive statistics on Health (WISH) data query system, <http://dhfs.wisconsin.gov/wish/>, Infant Mortality Module, accessed 3/30/06, Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy; *National Vital Statistics Reports*, "Births: Final Data" for the years 1994-2003, National Center for Health Statistics.

Notes: U.S. data for 2004 are not available. Infant deaths are those that occur before 365 days of age.

The infant mortality rate for Wisconsin in 2004 was 6.0 deaths per 1,000 live births, down from 6.5 in 2003. The national rate in 2003 was 6.9 deaths per 1,000 live births. The infant mortality rate for Milwaukee County was 10.2 deaths per 1,000 live births; Milwaukee's infant mortality rate has been consistently higher than the rate for Wisconsin overall, and the national rate.

Figure 15. Infant Mortality by Race/Ethnicity, Wisconsin, 1994-2004



Source: Wisconsin Interactive statistics on Health (WISH) data query system, <http://dhfs.wisconsin.gov/wish/>, Infant Mortality Module, accessed 3/29/06, Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy.

Notes: Infant deaths are those that occur before 365 days of age. “Race/Ethnicity” is that of the mother. “Black/African-American” is non-Hispanic black/African American; “White” is non-Hispanic white.

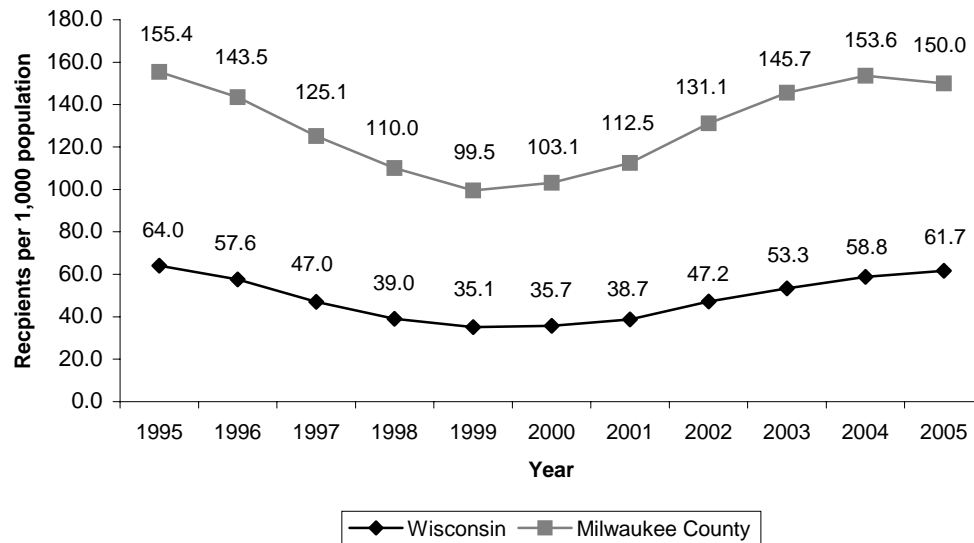
Infant mortality rates vary by race and ethnicity. In Wisconsin, blacks/African-Americans have considerably higher infant mortality rates than whites or Hispanics/Latinos.

In 2004, Wisconsin’s black/African-American infant mortality rate increased to 19.2 deaths per 1,000 live births, up from 15.3 in 2003. The rate for whites was 4.5 deaths per 1,000 live births in 2004, while the rate for Wisconsin’s Hispanic/Latino population was 5.1.

Adequate and Appropriate Nutrition

Food security refers to having access at all times to nutritious and safe foods. People considered “food secure” are able to obtain foods through regular sources, not through emergency coping strategies such as food pantries.

Figure 16. FoodShare Recipient Rates, Wisconsin and Milwaukee County, 1995-2005



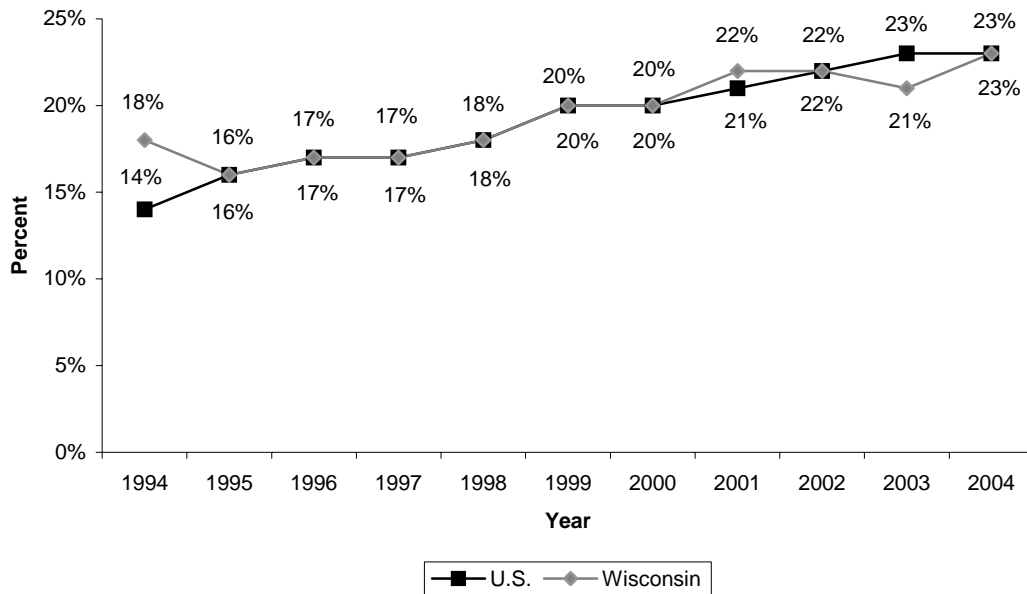
Source: Population Estimates, 1995-2005, Demographic Services Center, Wisconsin Department of Administration; Wisconsin FoodShare Enrollment, January, 1995-2005, “FoodShare Caseload Recipients by Calendar Year,” at <http://dhfs.wisconsin.gov/em/rsdata/index.htm>.

Wisconsin FoodShare participation levels are returning to the levels experienced in the mid-1990s. FoodShare recipients represent a significantly greater segment of the population in Milwaukee County than they do of the statewide population. However, Milwaukee County saw a small decrease in the rate at which its population receives FoodShare benefits from 2004 to 2005, while statewide the rate continued to increase.

Overweight, Obesity, and Lack of Physical Activity

People are considered overweight or obese based on their Body Mass Index (BMI). Overweight and obesity are common health conditions and their prevalence is increasing nationally as well as in Wisconsin. Excess weight is associated with an increased incidence of many chronic conditions, such as cardiovascular disease, diabetes, hypertension, stroke, osteoarthritis and some cancers.

Figure 17. Percent of Adults Who Are Obese, 1994-2004



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Data.

Note: Obese is defined as a Body Mass Index equal to or greater than 30. Body Mass Index is calculated using a person's height and weight.

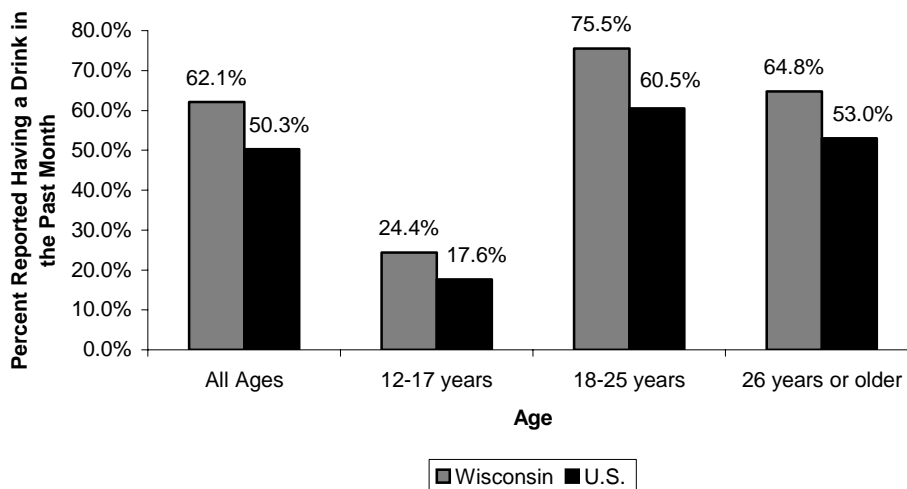
An excessive score on Body Mass Index (BMI) is a measure of obesity. In 1994, 18 percent of Wisconsin adults were obese. The percent had risen to 23 percent in 2004.

In recent years, the percent of adults who are obese by this measure has been very similar for Wisconsin and the U.S.

Alcohol and Other Substance Use and Addiction

Inappropriate use and abuse of alcohol and other drugs is a significant health, social, public safety and economic problem. It is associated with a host of societal problems including suicide, homicide, accidental injury and chronic disease.

Figure 19. Alcohol Use in the Past Month, 2003-2004



Source: Substance Abuse and Mental Health Service Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2003 and 2004.

The National Survey on Drug Use and Health (NSDUH) asks individuals aged 12 or older about current alcohol use, that is, if they had at least one alcoholic beverage in the past month, including both binge drinking and heavy use. About half (50.3%) of Americans aged 12 or older reported drinking alcohol in the past month, based on combined results for 2003 and 2004. A higher percentage of Wisconsin residents, 62.1 percent, reported alcohol use in the past month. Wisconsin was among states with the highest percents using alcohol.

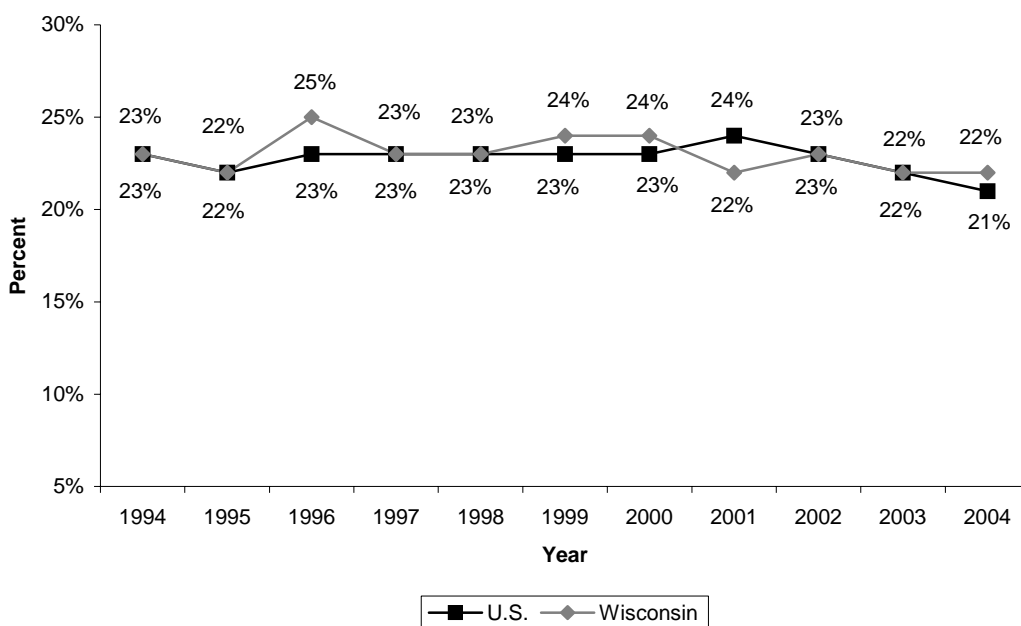
The percentage of people who reported having a drink in the past month was higher in Wisconsin than nationwide for all age groups. The difference was greatest for people 18-25 years of age; in Wisconsin, 75.5 percent of all people in this age range used alcohol in the past month, compared to 60.9 percent of 18-25-year-olds nationwide. Wisconsin was among states with the highest percents using alcohol in this age group.

Tobacco Use and Exposure

Tobacco use is the single most preventable cause of disease and death in Wisconsin and the U.S. Tobacco-related injuries and illnesses include cardiovascular disease, lung cancer, certain other cancers, respiratory diseases, perinatal conditions and fire-related burns.

Evidence continues to document the health hazards of environmental tobacco smoke to non-smokers, underscoring efforts to protect people in public spaces and occupational settings from environmental tobacco smoke.

Figure 20. Adult Smoking, 1994-2004

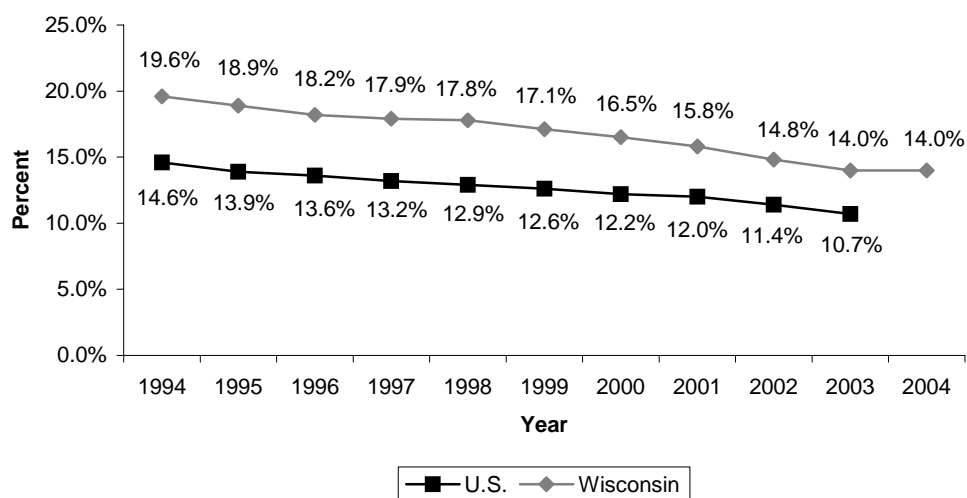


Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Data.

Note: Smoking prevalence reflects the percent of persons aged 18 years or older who reported having smoked more than 100 cigarettes during their lifetime and reported smoking every day or some days.

The rate of adult smoking in Wisconsin is similar to that for the U.S., but has not declined as much as the U.S. rate in recent years. In 2004 the median adult smoking prevalence among 49 states and the District of Columbia was 21 percent, compared to 22 percent in Wisconsin.

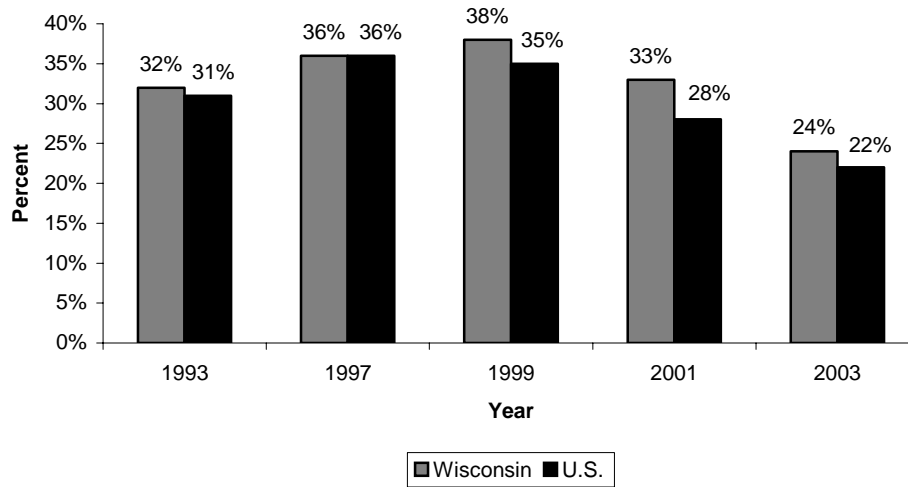
Figure 21. Smoking During Pregnancy, 1994-2004



Sources: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Wisconsin Interactive Statistics on Health (WISH) data query system, <http://dhfs.wisconsin.gov/wish/>, Birth Counts Module, accessed 4/3/06; National Center for Health Statistics, *Health, United States, 2005* and *Health, United States, 1999*, Hyattsville, Maryland.

Note: U.S. data based on fewer than 50 states as some states did not report this measure for all years.

Women who smoke during pregnancy are more likely to have babies with low birthweight (see p. 14). In Wisconsin, the percent of births to women who reported smoking during pregnancy decreased from 19.6 percent in 1994 to 14.0 percent in 2004. However, the rate of smoking during pregnancy continues to be higher in Wisconsin than for the United States as a whole. Nationwide, the percent of births to women who smoked during pregnancy was 10.7 percent in 2003 compared to 14.0 percent in Wisconsin.

Figure 22. Youth Smoking, Grades 9-12, 1993-2003

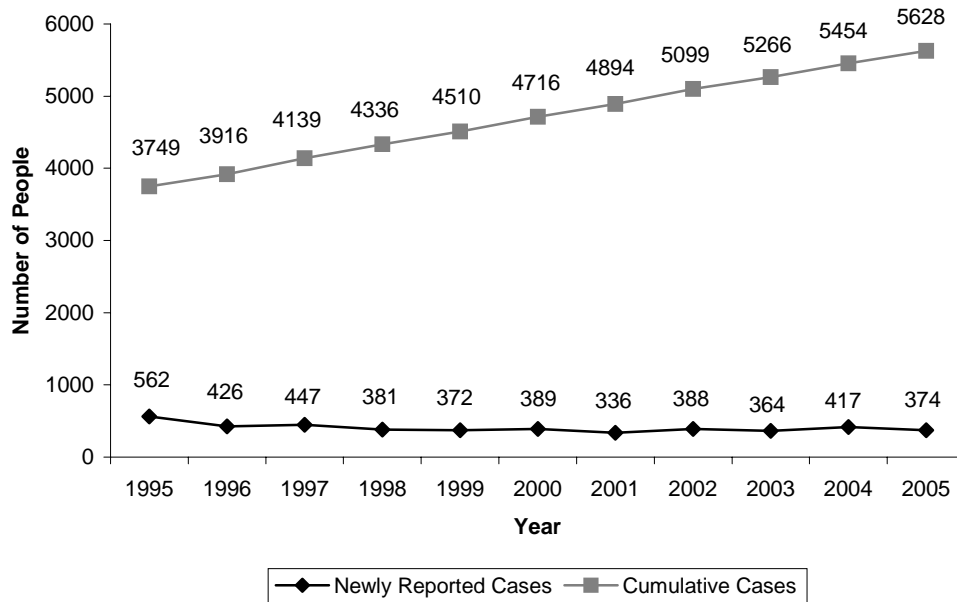
Source: Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Surveillance System Data.

Cigarette smoking among Wisconsin high school students has decreased in the past 10 years. The percentage of Wisconsin students who reported current smoking (smoking at least one cigarette in the previous 30 days) decreased from 32 percent in 1993 to 24 percent in 2003. Wisconsin's rate of youth smoking was slightly above the national rate in 2003.

High-Risk Sexual Behavior

Sexual behaviors, including unprotected sex, that make someone more susceptible to infections or diseases or that may result in unintended pregnancy are considered high-risk. Outcomes associated with unprotected sexual behaviors are unintended pregnancies and sexually transmitted diseases, which include syphilis, gonorrhea, Chlamydia, hepatitis B, human immunodeficiency virus (HIV), and hepatitis C.

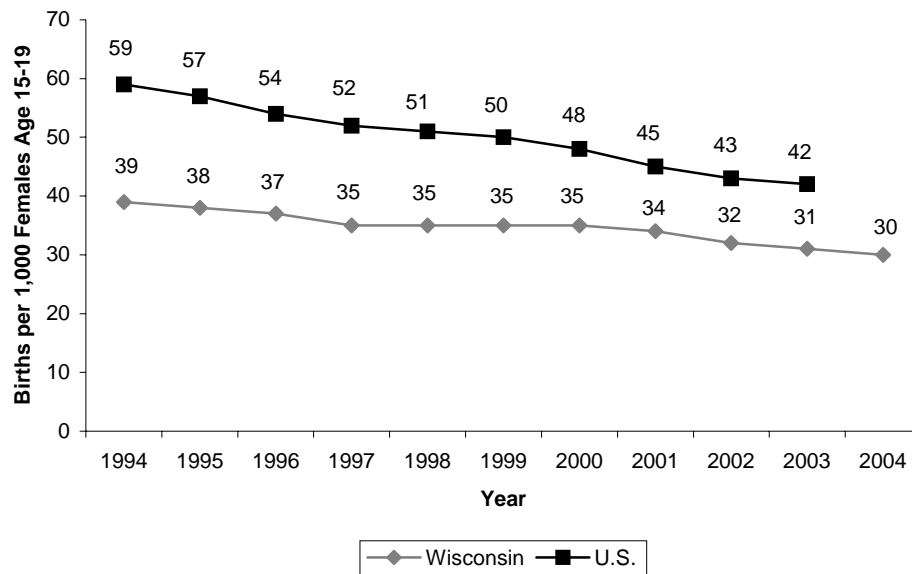
Figure 23. Newly Reported and Cumulative Cases of People With HIV Infection



Source: “The Epidemic of HIV Infection in Wisconsin: A Review of Case Surveillance Data Collected Through 2005 (Figure 3) and “Wisconsin AIDS/HIV Surveillance Summary, Reported cases by select characteristics, cases reported through December 31, 2005.” (Table 1). Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Communicable Diseases and Preparedness.

While the total number of people living with HIV infection in Wisconsin has been increasing each year, the annual number of new infections declined steadily from 1995 to 1999. Since then, the number of new cases has been relatively constant until 2004, when there was an increase of 53 cases. In 2005, the number of new cases decreased by 43 cases, to 374.

Figure 24. Teen Birth Rate, Ages 15-19, 1994-2004



Source: *Births to Teens in Wisconsin, 2004*, Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy.

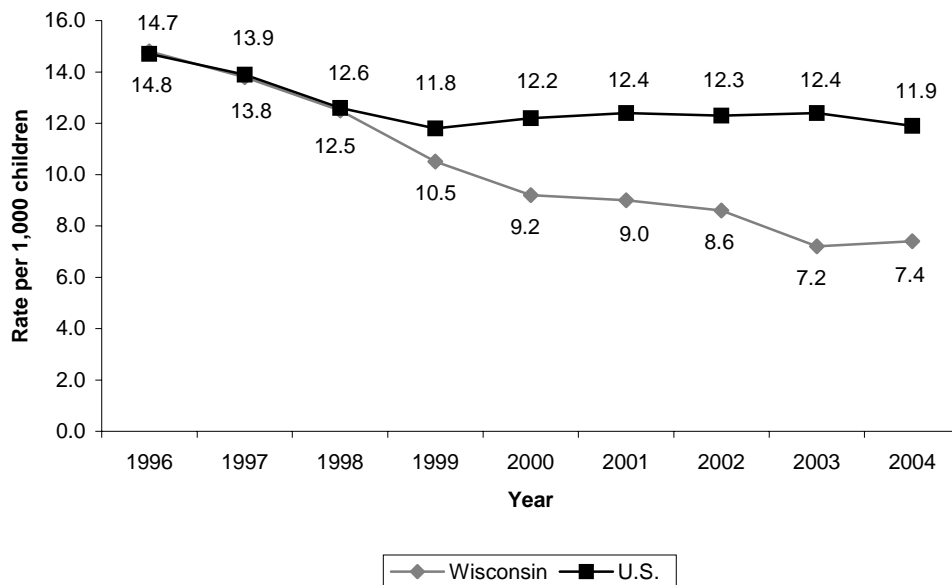
Note: Rates are the number of births per 1,000 females aged 15-19. Wisconsin rates for this figure exclude births to mothers below age 15.

The Wisconsin teen birth rate has been consistently lower than the national rate. From 1994 to 2004, the rate of teen births dropped from 39 births per 1,000 females aged 15-19 to 30 per 1,000.

Intentional and Unintentional Injuries and Violence

Injury is the most under-recognized major public health problem facing our country today according to the National Academy of Sciences' Committee to Review the Status and Progress of the Injury Control Program at the Centers for Disease Control and Prevention. Injuries that are unintentional include falls, burns, motor vehicle crashes, poisonings and drownings. Intentional injuries include suicides, homicides, and assaults such as sexual assault, intimate partner violence, elder abuse and child abuse.

Figure 25. Rate of Child Abuse and Neglect Victimization per 1,000 Children Under 18 Years of Age, 1996-2004



Source: Wisconsin Child Abuse and Neglect Reports, Bureau of Programs and Policies, Division of Children and Family Services, Department of Health and Family Services. National Child Abuse and Neglect Reporting System.

Notes: Includes both substantiated allegations and cases where abuse/neglect was found likely to occur.

The rate of child abuse and neglect victimization (substantiated cases plus cases in which abuse/neglect was found likely to occur) in Wisconsin declined steadily, from 14.8 cases per 1,000 children in 1996 to 7.2 per 1,000 in 2003. This represents a decrease of 7.5 cases per 1,000 (a 50 percent decrease) in the rate of child abuse and neglect since 1996. The rate for 2004 (7.4) was nearly identical to the rate in 2003.

National rates of victimized children have followed a similar trend, decreasing gradually during the late 1990s and then leveling off. Wisconsin's rate of child abuse and neglect has been lower than the national average since 1999.

Additional Information Online

Demographic Information

Wisconsin Department of Administration Population and Housing Estimates: <http://doa.wi.gov>

U.S. Census Bureau Population Estimates: <http://www.census.gov/popest/estimates.php>

Social and Economic Factors

U.S. Census Bureau American Community Survey and Supplementary Survey:
<http://www.census.gov/acs/www>

U.S. Census Bureau Community Population Survey: <http://www.bls.gov/cps/#overview>

Wisconsin Department of Revenue: <http://dor.state.wi.us>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/j-economic.htm>

Access to Primary and Preventive Health Services

Wisconsin Family Health Survey: <http://dhfs.state.wi.us/stats/familyhealthsurvey.htm>

Wisconsin Medicaid: <http://dhfs.wisconsin.gov/medicaid/index.htm>

Wisconsin Interactive Statistics on Health (WISH) data query system: <http://dhfs.wisconsin.gov/wish>

National Center for Health Statistics: <http://www.cdc.gov/nchs>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/a-access.htm>

Chronic Conditions

Behavioral Risk Factor Surveillance System Survey: <http://www.cdc.gov/BRFSS>

Infant Mortality

Wisconsin Interactive Statistics on Health (WISH) data query system:
<http://www.dhfs.wisconsin.gov/wish>

National Center for Health Statistics: <http://www.cdc.gov/nchs>

Adequate and Appropriate Nutrition

Wisconsin FoodShare: <http://dhfs.wisconsin.gov/foodshare/fsatagance.htm>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/b-nutrition.htm>

Overweight, Obesity, and Lack of Physical Activity

Behavioral Risk Factor Surveillance System Survey: <http://www.cdc.gov/BRFSS>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/i-physactive.htm>

Alcohol and Other Substance Use and Addiction

National Survey on Drug Use and Health: <http://www.drugabusestatistics.samhsa.gov/nhsda.htm>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/c-aoda.htm>

Tobacco Use and Exposure

Behavioral Risk Factor Surveillance System Survey: <http://www.cdc.gov/BRFSS>

National Center for Health Statistics: <http://www.cdc.gov/nchs>

Youth Risk Behavior Surveillance System: <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/k-tobacco.htm>

High-Risk Sexual Behavior

Wisconsin AIDS/HIV Program: <http://dhfs.wisconsin.gov/aids-hiv>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/f-highrisk.htm>

Youth Sexual Behavior and Outcomes: <http://dhfs.wisconsin.gov/stats/s-behyouth.htm>

Teen Birth Rates

Wisconsin Birth Statistics: <http://dhfs.wisconsin.gov/births/index.htm>

Intentional and Unintentional Injuries and Violence

Wisconsin Child Abuse and Neglect Program: <http://dhfs.wisconsin.gov/Children/CPS/index.HTM>

Tracking the State Health Plan 2010 State-Level Data:
<http://dhfs.wisconsin.gov/statehealthplan/track2010/priorities/g-injuries.htm>

Also see:

Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public:
<http://dhfs.wisconsin.gov/statehealthplan/>

